Personal History/Counseling Evaluation Form

(Please Print Neatly or Type)

Today's Date:	Email Address:

When marking the gray boxes, double click over the gray box and then mark "checked" in the "Checked Box Form Field Options" window.

PERSONAL INFORMATION:

Last Name	First	Middle	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	Marital Status (check one) ☐ Sngl ☐ Mar ☐ Div ☐ Sep ☐ Remar ☐ Wid

Education High School or College (list below)	Degree or Diploma	Other Training	Birth Date	Age	Sex ☐ M ☐ F
					Home Phone No.

Street Address	City	State	Zip Code

Occupation	Employer	Employer Phone No.

How did you here about this ministry?

☐ Family ☐ Friend ☐ Close to Home/Work ☐ Other/Explain:

THE BASIC PROBLEM AS YOU UNDERSTAND IT

Briefly complete the following:

1. Please describe the current problem/challenge?

2. What have you done about it?

3. What can we do? (What are you expectations in coming here?)

4. What led you to seek help?

5. As you see yourself, what kind of person are you? Describe yourself.

6. Is there any other information we should know?

INFORMATION ABOUT YOUR SPIRITUAL LIFE

Denominational Preference	Church name	Address	Pastor's name

Church attendance per month	What are you learning through the sermons/messages/Bible studies at your church?

Please list ministry involvement:

Church attended as a Child	Have you been baptized?	☐ Yes	☐ No	(If no, please explain below)

If married, religious background of spouse:	

(If applicable) Spouse's church name:	Her frequency of attendance per month:
Do you pray to God? ☐ Never ☐ Occasionally ☐ Often	How often?
What do you pray about?	
Have you come to the place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?	
☐ Yes ☐ No ☐ Uncertain	If yes, explain below how you know Jesus Christ is your Savior?
If you have received Christ as Savior, what changes took place in your life when you became a believer?	

Do you read your Bible?	☐ Never	☐ Occasionally	☐ Often	How often?
Do you have personal devotions?	☐ Never	☐ Occasionally	☐ Often	How often?
Do you have family devotions?	☐ Never	☐ Occasionally	☐ Often	How often?

Describe your personal devotions:

Describe your family devotions:

Explain any recent changes in your spiritual life:

INFORMATION ABOUT PRIOR COUNSELING

Have you had any counseling before?	☐ Yes	☐ No	
Counselor Name (s)	Dates: From/To	Medication Prescribed	Outcome:

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

Approximately how much sleep do you get each night?				
When do you normally:	Go to bed?	Fall to sleep?	Wake up?	Get out of bed?

If there is a length of time between your going to bed and falling asleep? If so, what do you do during that time? (Explain below)

If there is a length of time between your waking up and getting out of bed? If so, what do you do during that time? (Explain below)

Describe any recent changes in your sleep habits:

Describe your exercise routine:

Describe your eating habits:

State of health ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other: (If other, please explain below):

Date of last medical examination	Results:

Are you presently taking any medication? ☐ Yes ☐ No (If yes, please explain below):

Medications are you taking?	What dosages are you taking?	What is the reason for the medication?

Have you used drugs for other than medical purposes? ☐ Yes ☐ No (If yes, when and what did you use: please explain below):

MARRIAGE AND FAMILY INFORMATION (if applicable)

Name of spouse Address of spouse			Home phone:
			Email:
Age of spouse:	Education in years	Religion	Business phone:

Is your spouse willing to come to counseling? ☐ Yes ☐ No ☐ Not yet asked ☐ Not certain

Are you separated? ☐ Yes ☐ No Since when?

Have you ever been separated in the past? ☐ Yes ☐ Number of times:

Has either one of you been divorced? ☐ Yes ☐ No When? Who?

If either one of you were married before, explain why the marriage ended, did the other spouse remarry, what is the relationship with the other spouse, are their any children from the previous marriage, etc.?

Date of current marriage	Your age when married	Husband?	Wife?

How long did you know your spouse before marriage? Length of steady dating with your spouse?

Length of the engagement?

Children's Names	Ages	Gender	Living	Education in years	Marital Status	From Previous Marriage
			☐ Yes ☐ No			☐ Yes
			☐ Yes ☐ No			☐ Yes
			☐ Yes ☐ No			☐ Yes
			☐ Yes ☐ No			☐ Yes
			☐ Yes ☐ No			☐ Yes
			☐ Yes ☐ No			☐ Yes

If you were reared by someone other than your own parents, briefly explain:

Number of older brothers	Sisters	Number of younger brothers	Sisters